

## Around the WCET® world

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### “TOGETHER WE HOPE WHILE PHYSICALLY APART TO CELEBRATE NURSES IN 2020”

We started this year with the hope that comes with a year filled with the promise of several significant celebrations for nursing. But as we all have experienced, this has been a different year for so many reasons.

For all of you on the frontlines, we know how hard you have been working and the changes to your usual way of nursing this has caused. Hopefully, the major milestones for nursing that we need to recognise and celebrate in the face of this global pandemic are a source of joy. Certainly, how we mark these occasions will take the creativity and determination that nurses have always shown to make things happen.

The 12<sup>th</sup> of May 2020 marked the 200<sup>th</sup> year since Florence Nightingale was born in a villa near the city in Italy for which she was named. In many places around the world, her birthday is celebrated as International Nurses Day. She is to us one of the most remarkable, inspirational nurses whose scope of influence affected patient care, hospital systems, public policy and nursing education.

While Ms Nightingale is remembered for many things, probably most notably is her work in the hospital in Scutari during the Crimean War. She was a ‘hands on’ administrator and made her way through the wards with her lamp to make rounds on the patients. She changed the hospital environment to establish better sanitary and safer conditions and was able to decrease the mortality rate of soldiers who had been dying of infections and their wounds.

With her love of statistics and the methodical records which she kept, Ms Nightingale provided the evidence to transform the way care was delivered in that hospital. We like to think of this as one of the earliest examples of using data to support a quality improvement project for better patient care outcomes.

Her achievements in Scutari were also a stimulus for public outcry that enabled Ms Nightingale to bring reform back to the hospitals in London.

She also created a model for nursing education when, in 1860, she established the Nightingale Training School of Nurses at St Thomas Hospital in London. If you are ever in London, be sure to visit the Nightingale Museum which has many of her personal items (<https://www.florence-nightingale.co.uk>). Her students had to reflect on their clinical experiences and some

of those journals are on display there. Reflection on practice is still an important educational technique used today.

Ms Nightingale was also a prolific writer. Two of her best-known works are *Notes on Hospitals* and *Notes on Nursing*. If you want to learn more about one of her books, Dr Ayello wrote a commentary in the special commemorative edition of the 160<sup>th</sup> anniversary of the printing of *Notes on Nursing*, which you can access for free at the following website from the WCET Journal partner *Advances in Skin and Wound Care Journal* ([https://journals.lww.com/aswcjournal/Fulltext/2020/05000/From\\_Bedsores\\_to\\_Global\\_Health\\_Care\\_\\_Insights\\_from.5.aspx](https://journals.lww.com/aswcjournal/Fulltext/2020/05000/From_Bedsores_to_Global_Health_Care__Insights_from.5.aspx)).

Ms Nightingale is still very relevant today. She stressed the importance of a proper clean, safe, health care environment; and of frequent hand washing. Certainly, with the current COVID-19 pandemic, we are once again reminded of the critical importance of hand cleansing.

Another celebration this year is the designation by the World Health Organisation (WHO) that 2020 is the ‘Year of the Nurse and Midwife.’ On April 7 (World Health Day), their report entitled ‘State of the World’s Nursing 2020’ (available at <https://www.who.int/publications-detail/nursing-report-2020>) was issued. This report is available on their website in several languages other than English, including Arabic, Chinese, French, Russian and Spanish. In their news release available at <https://www.who.int/news-room/detail/07-04-2020-who-and-partners-call-for-urgent-investment-in-nurses>, WHO believes that “Nurses are the backbone of any health system”.

The WHO report, *The State of the World’s Nursing 2020*, provides an in-depth look at the largest component of the health workforce. Findings identify important gaps in the nursing workforce and priority areas for investment in nursing education, jobs and leadership to strengthen nursing around the world and improve health for all. Nurses account for more than half of all the world’s health workers, providing vital services throughout the health system. The WHO website also has an online section where you can find key statistics on the nursing workforce by country.

WHO has called for an “urgent investment in nurses” and goes on to say that the Covid-19 pandemic underscores the “urgent need to strengthen the global health workforce”. You can read more about what WHO had to say about nursing and COVID-19 at <https://www.who.int/news-room/detail/06-04-2020-who-and-global-citizen-announce-one-world-together-at-home->

global-special-to-support-healthcare-workers-in-the-fight-against-the-covid-19-pandemic.

*Historically, as well as today, nurses are at the forefront of fighting epidemics and pandemics that threaten health across the globe. Around the world they are demonstrating their compassion, bravery and courage as they respond to the COVID-19 pandemic: never before has their value been more clearly demonstrated.*

The report is also “a stark reminder of the unique role that nurses play, and a wakeup call to ensure they get the support they need to keep the world healthy.”

#### **Some highlights of the WHO report include:**

- “Although today there are just under 28 million nurses worldwide, there is a global shortage of 5.9 million. The greatest gaps in numbers of nurses are in countries in Africa, South East Asia and the WHO Eastern Mediterranean region as well as some parts of Latin America;
- 80% of the world’s nurses work in countries that are home to half of the world’s population;
- One in every eight nurses practises in a country other than the one where they were born or trained;
- Ageing also threatens the nursing workforce: one out of six of the world’s nurses are expected to retire in the next 10 years.

To prevent a global nursing shortage, the WHO report goes on to say that the total number of nursing graduates needs to increase by an average of 8% per year. To equip the world with the nursing workforce it needs, WHO and its partners recommend that all countries:

- increase funding to educate and employ more nurses;
- strengthen capacity to collect, analyse and act on data about the health workforce;
- monitor nurse mobility and migration and manage it responsibly and ethically;
- educate and train nurses in the scientific, technological and sociological skills they need to drive progress in primary health care;
- establish leadership positions including a government chief nurse and support leadership development among young nurses;
- ensure that nurses in primary health care teams work to their full potential, for example in preventing and managing noncommunicable diseases;
- improve working conditions including through safe staffing levels, fair salaries and respecting rights to occupational health and safety;
- implement gender-sensitive nursing workforce policies;
- modernise professional nursing regulation by harmonising education and practice standards and using systems that can recognise and process nurses’ credentials globally;

- strengthen the role of nurses in care teams by bringing different sectors (health, education, immigration, finance and labour) together with nursing stakeholders for policy dialogue and workforce planning.

The report’s message is clear: governments need to invest in a massive acceleration of nursing education, creation of nursing jobs and leadership. Without nurses, midwives and other health workers, countries cannot win the battle against outbreaks or achieve universal health coverage and the Sustainable Development Goals.

We can be proud and celebrate that WCET® mission is so close to Ms Nightingale and WHO’s visions.

The third major nursing celebration this year is specific to the WCET®. On 26 June, we will pause to remember our founder and first president, Norma N. Gill Thompson, on what would have been her 100<sup>th</sup> birthday. Although not a nurse herself, Norma is the mother of our specialty. She along with her surgeon Dr Rupert Turnbull Jr cared for numerous people with ostomies and created the training program at the Cleveland Clinic in Cleveland, Ohio, USA.

Their combined educational efforts to assist in the rehabilitation for persons after ostomy surgery was exceptional and is legendary.

Our festivities will be different than originally planned. Separate but together we will celebrate Norma on her birthday by watching the free webinar by Dee Waugh and Carmen George on fistula management.

In-person gatherings and celebrations, including our 2020 WCET® Joint Congress with ASCN-UK in Glasgow, Scotland, are postponed due to COVID-19 which had been re-scheduled for 3-6 October 2021. However, that will not stop us from gathering virtually this October by having a very special event. It will be an opportunity to officially launch the second edition of the WCET® International Ostomy Guideline. WCET® is grateful to Hollister for the educational grant to fund the development of the revised guideline.

As you can see from the special logo on the cover of the WCET® Journal, this year also marks the 40<sup>th</sup> anniversary of the journal. Thank you to our Publisher Greg Paull at Cambridge Media and his design team, our current Journal Editor Jenny Prentice, former Journal Executive Editors and the authors who have contributed to the success of the journal. We can stay together as we read our wonderful WCET® Journal and WCET® bullETin for the latest evidence, articles and news about what our members are doing around the world.

While we cannot yet be physically together, social connection through the phone, internet or other means can be an important source of support. Stay connected with the WCET® through Facebook, Twitter, LinkedIn and Instagram.

Let us remember the words of Swami Vivekananda who said, *"The world is the great gymnasium where we come to make ourselves strong"*. WCET® is truly a special world of nurses. Thank you for your fortitude and the incredible job you are doing to care for people impacted by COVID-19. We cannot wait to see you in October 2021 for the joint WCET® ASCN-UK congress in Glasgow, Scotland.

Till then, we continue to hope that all of you stay healthy, safe and strong.

Sincerely

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**Elizabeth A. Ayello**

PhD, RN, ETN, CWON, MAPWCA, FAAN  
WCET® President 2018-2020

**Laurent O. Chabal**

BSc (CBP), RN, OncPall (Cert), Dip (WH), ET, EAWT  
WCET® Vice President 2018-2020

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**WCET® COVID-19 SPECIAL REPORT COMMISSIONED BY  
THE AUSTRALIAN ASSOCIATION OF STOMAL THERAPY  
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**Australia**

On 31 December 2019 the World Health Organization (WHO) reported pneumonia of an unknown cause had been detected in Wuhan, China; they identified it as belonging to a group of viruses called corona. The outbreak was declared a public health emergency of international concern on 30 January 2020 and WHO announced a name for this deadly coronavirus disease on 11 February: COVID-19. As I write this report on 25 April, Australian borders remain closed for international travel, there are restrictions for travelling interstate and also strict social distancing measures being enforced; these are unprecedented times.

Our ways of working in health have changed and, for nurses working in the wound, ostomy and continence fields, a significant set of challenges have emerged. As a stomal therapist, I like to think of myself as a craft person, looking, assessing and trouble-shooting issues related to pouch adhesion, skin condition and body topography. It is a hands on job – touch and clean, poke and prod, measure, cut and stick and, on occasion, offer up a hug for comfort and support to both the client and their loved one.

This type of assessment and personal interaction comes with a degree of 'closeness'. I have my clients sitting face to face upright in a chair in almost all of the interactions I have with them; I encourage the client to bring a partner or loved one with them. When the directive came through to reduce face to face visits, to reschedule meetings, including nurse education, and that elective surgeries would be postponed I felt quite upset, wondering how I would be of use to my clients. We have now been directed to use indirect patient assessment.

This has included teleconferencing for patient assessment, the screening of clients for 'symptoms' prior to essential visits. Restrictions included having only essential persons in the clinic room which means often the support person is left outside.

I have had many conversations with clients concerned about the supply of their stoma care equipment and if they are able to obtain additional supplies. There is also anxiety about where their stoma pouches are manufactured and if supplies will run out. The prospect of having no equipment was frightening for my clients but also caused me concern as I held little to no stock in my clinic.

At this time, all the nurses and doctors in other areas of our hospital were self screening and wards were moved, patients being hastily discharged to make way in case we needed space for COVID-19 patients. There was such upheaval of the health system and this line of thinking got me questioning about this on a worldwide scale. How are the other countries' ostomates and stomal therapy nurses fairing?

In order to answer this question I sent out an email to my WCET international colleagues to get a feel for how they and their clients were feeling at this time. I asked if surgery was proceeding and if there were supply issues with their stoma products? Below are their responses word for word from their emails as I received them. I have put them together so we can share one another's experiences during the pandemic that is known as COVID-19.

When reading all these responses I couldn't help but be proud of the way nurses rise to a challenge, expedite change, and maintain and increase our connectedness with both work colleagues and patients. As one of the responders mentioned, they have been spurred on to implement change with the use of many teleconferencing platforms to ensure nurse patient connection and, for some, it will become the norm and in others such as in UK, it may facilitate a more effective way to provide care to those who may not have been able to access care in the past.

When sending out the emails to the WCET IDs I thought my colleagues would be too busy to reply, with redeployment, fear, grief and loss and a general upheaval of society. I was wrong. I have made contact with some wonderful people in our international community; a huge thank you to all who have taken the time to contribute. I would also like to thank Keryln Carville who put me in touch with some additional contacts, Carmen George for her UK investigations and kind words of encouragement and Vicki Patton for soothing the way at report deadline every time; thank you.

We have such a brilliant network of nurses both here in Australia and internationally; keep on advocating for our patient groups and, most importantly, stay safe.

**China**

Now today China maybe the very safe country during the COVID-19 pandemic. The most important thing for us is to



prevent the pandemic outbreak again. So we will continue all the preventions measures for the long days.

All the works return to normal gradually now. In the past 2 months we held many online course to the patients with ostomy & wound, popularize the knowledge and problems they face at home. Post the products they need to home. They can seek us help anytime via WeChat. Anyway we use all the ways to help them stay at home. All the medical works already back to normal now. Chinese peoples can see the doctors and receive all the medical treatments now.



China – Providing wound care in full PPE



China – Wound progress

**Qin Hy RN ET**  
WCET ID China

This time, the rapid spread of the virus, the high death rate, the impact on people's lives and lives are so huge, which is an unexpected disaster. In this year, February to March is the most difficult time in China, our patients with wounds and stomas cannot come to the clinic. We responded quickly to set up multiple online services to help them, such as, established the 'WeChat' group for consultation and guidance, opened wound care clinic on the national registered "good doctor website" and built "online wound class" to play wound care video and other ways to guide patients how to care for wounds and stomas at home. Moreover, arranged nursing graduate students to receive information of patients 'help information' and gave timely guidance to alleviate patients panic, and help them gradually adapt to the state of home-based care.

We have served more than 400 people a month. The patient satisfaction rate is very high. Because the comprehensive services all free, almost all patients are satisfied. Under the epidemic, we become a family to fight against the virus.

Since April, the situation has becoming better. We have carried out an online appointment for wound care. Patients make an appointment online, and then go to the wound clinic for treatment. All patients and nurses wear masks, take temperature, and register personal information for tracking.



China – The stomal therapy and wound care team

Make an appointment for 10 people every day, only deal with one patient in each period, and ensure a safe social distance.

#### **Jiang Qixia RN ET**

Nursing Professor, Wound Care Specialist,  
Wound Care Center of Jinling Hospital,  
Medical School of Nanjing University

#### **Taiwan**

Currently the epidemic in Taiwan is under control. None of our wound or stoma patients have been infected. Only a few cases in acute units require consultation for a wound care professional. And we will follow the consultation process and will not enter the negative pressure isolation ward to care for patients in the first time.

However, Taiwan's Ministry of Health and Welfare and hospitals have regulations on protection. Some community nurses also have protective procedures when visiting patients. But this is not just for wounds or stoma patients or wound caregivers and for the general community patients.

#### **Wu Yu-Lin RN ET PhD**

Department of Nursing  
St. Mary's Junior College of Medicine, Nursing and  
Management

#### **Canada**

I held my Ostomy clinic, spoke with my patients and discussed the issues with the other nurses and physicians. Here are the issues:

- 1) Despite no indication that there will be a supply disruption, because many of our supplies are manufactured in the US (the US has blocked PPE equipment entering Canada in the past months), many patients are fearful of a shortage of Ostomy supplies. They are buying large amounts of Ostomy supplies to have on hand. One patient spent over \$1500 CAD on supplies (roughly half of a year's worth of supplies).
- 2) Individuals with Ostomies are refusing to allow visiting nurses into their homes despite peri-stomal skin issues out of fear of contracting COVID-19.
- 3) Individuals with Ostomies are cancelling clinic visits despite ostomy and peri-stomal skin issues out of fear of contracting COVID-19.
- 4) All elective surgeries have been postponed including cancer surgeries. Patients are living with the fear of cancer on top of the idea that they will require an ostomy, even if temporary. This has greatly increased stress levels.
- 5) Nurses are worried about the condition their patients will be in when social distancing eases. Most are trying to provide ongoing care by video and phone consults.

**Kimberly LeBlanc PhD, RN, NSWOC, WOCC (C), IIWCC,**  
Advanced Practice Nurse,  
KDS Professional Consulting, Ottawa, ON

#### **Saudi Arabia**

As you aware, the current situation with COVID-19 has greatly affected our normal colorectal service operations. Ourselves and the doctors are only seeing urgent outpatients cases. We are continuing to re-schedule and provide nursing telephone consultations to our patients who were already scheduled in the nurse led clinics, mainly Defaecatory Disorder, Stoma and Hereditary Clinics. We continue to see inpatients as normal.

Some of our team has been transferred to inpatients wards for cross-training. They will stay in inpatients until the COVID-19 situation improves. Stoma team including myself are currently rotating duty on a daily basis to cover stoma inpatients/outpatient phone consultations. The workload is assessed on a daily basis and adjustments are made if needed. If anyone of us are not physically on duty in the hospital our pagers turned on for normal working hours, which is 7.00-16.30pm. We all also need to be available to come to the hospital within 30 minutes of calling if needed.

On the days we are working from home, we have to be also working on ongoing projects e.g patients education leaflets, education presentations, research proposals. Also we ensure that we all keeping data on telephone calls received as we normally do. The Colorectal Specialist Clinic has been opened to see urgent patients on Monday, Tuesday and Wednesday's and we encourage all utilise it as needed.

Making sure that any consultations that we give patients over the phone should be documented and an appointment put in your telephone clinics. Alternatively, the colorectal specialist telephone clinic is open on a daily basis so this can be utilised. A consultation involves giving advice regarding treatment/medications.

We have access to Microsoft Teams. This application can be downloaded onto your phones. The downloading of Microsoft Teams is important as this is how you access the CEO Messages and the NLT (Nursing leadership team) virtual meetings, updating us about the COVID-19.

In regard to the curfew permits, in line with the new MOI requirements. For all stoma team who should be available they have it as PDF and printed paper for any police spot. If anyone have problems we contact the curfew hotline number.

The COVID-19 situation is changing on a daily basis and we remind ourself that any of us may be required at any time to complete cross training to work in inpatient areas.

#### **Khuloud Al-Hassan**

Clinical Specialist,  
Colorectal Therapy Unit / Nursing Support  
King Faisal Specialist Hospital & Research Centre, Riyadh

#### **Indonesia**

STAY SPIRIT TO TAKE CARE.

All of Indonesia is fighting against COVID-19, as well as para wound care practitioners in the vanguard of the community.





Indonesia – Widasari Sri Gitarja

This condition is certainly an unexpected and fundamental problem in terms of providing extra protection for personal protection, staff preparedness to face pandemic and readiness of supply of tools and maintenance materials.

### Facing COVID-19

The COVID-19 pandemic is not only a disaster ruined the structure of the state, but also able to make practitioners wound care in the field, especially the shocked community in the face of shock. The situation is too sudden and requires that you wake up immediately to take a stand. The incident stems from the recognition of patients and families who declared themselves ODP. Anticipatory steps are being worked on, but COVID-19 is in front of and requires immediate handling. This is certainly a complicated situation and filled with dilemmas so with the patient's simple PPE equipment.

The university done while continuing to pray to avoid disaster. Urgency towards anticipating the management of COVID-19 is a top priority, the Wound Care Team incorporated in the Indonesian Wound Care Association. In WCCA and WOCARE Center immediately agree and encourage each other to issue a care protocol wounds that can be used by wound care practitioners throughout Indonesia handle cases that must be faced.



Indonesia – Lelik Adiyanto

Meet the needs of partly people who experience wound care problems, especially diabetes foot injuries making wound care practices throughout Indonesia can not simply follow government advice to limit or close service in the clinic. Wounded patient Diabetic requires long-term treatment and can not stop suddenly.



Indonesia – Wound care practitioners. Wound care clinicians throughout the homeland who work inside handle injuries during the COVID-19 epidemic (Source: RWCC-Sulawesi; Humairah-Banten; Kramat 128-Jakarta Hospital; Wocare Center-West Java; Bilqis-Bekasi; Diamond Care-Kalimantan).

### Policy strategy: clinical practices and treatments at home

Safe practice during a pandemic or safely carry out wound care during the pandemic situation COVID-19 was the main anticipatory step to be concern for wound practitioners throughout the world including Indonesia. Operational standard wound care procedures that refer to the standard system of handling COVID-19 in the practice room for care and treatment of wound care at home becomes the protocol. The main thing that was informed and immediately obeyed by all practitioners. Decision together for the use of level 3 (three) based personal protection equipment on an evidence base of practice implementation activities that require nurses wounds facing bodily fluids.

### Each other

Anxiety and stress are factors that can decrease body immunity immediately and of course can be at the fastest risk to be exposed by COVID-19. After all nurses are ordinary people too and have a fear of being exposed to and infected with COVID-19, especially they also see and hear news about how great viruses are (for the time being) conquer the world. There is a lot of news that uploads death and crisis multidimensionality is more dominant than moral support for health workers aside personal protective equipment. Not to mention the news about the nurse's funeral refusal who died as a result of COVID-19 in the Semarang Regency area added distress.

If in Europe and America, medical workers get applause from the public a sign of support when leaving for work and when carrying out their duties, maybe it doesn't have to be that way in Indonesia with a different culture. At least you can give each other greetings every day good encouragement personal or group, providing logistical support for physical immunity, and flooding moral messages on social media to balance news and status which makes junk in mind. It can even be an example in the Netherlands, in some corners of bus stops plastered excerpt from the holy verse Al Quran Surat Al Maidah verse 32 which reads: "And whoever who nourishes the life of a human, then it is as if he has take care of all human life".

Installation of the text intended as support for medical workers in the Netherlands in carrying out his duties at this time. This verse is very clear and devoted to providing support extraordinary for nurses and other health workers to provide service for his patients.

### Exchange information and education

Joint decisions through the teleconference became an encouraging activity for practitioners everyday. Procurement of complete personal protection equipment and types of dressing materials trending topic of warm discussion. This is very important for sustainability in do wound care. Reduced activity of material producers dressing the wound causing practitioners to try to hold more in warehouse. Of course with all the limitations in handling it does not become because of the cessation of service in the community, but with a joint discussion – exchanging information and education, this can help one another.

### Become a solution partner

The COVID-19 pandemic happened not to be regretted, however is a great way for us to pay more attention to patient and self safety when taking action; give wide impact to become educator for the surrounding community about the importance of social distancing, hand washing and use mask; as well as helping the government in efforts to provide personal protective equipment for health workers. So many efforts that we see and hear as well the desire to support each other and mutual cooperation among people to be together through this ordeal.

### Acknowledgments

Rasa terimakasih yang tak terhingga untuk para pejuangpejuang COVID-19 diseluruh tanah air. Yang terhormat President InWCCA (Indonesian Wound Care Clinician Association)- Edy Mulyadi dan seluruh pengurus; Yayasan WOCARE Indonesia/WOCARE Corporate university - Devy Sahputra dan team serta sahabat CEO Praktek Mandiri Keperawatan di seluruh tanah air. Tak lupa kepada rekan-rekan sejawat di program magister dan doctoral UPH (Anna Grace Maria) – Universitas Pelita Harapan, atas semua sumbangsihnya untuk kami tetap merawat dengan cinta, semoga pandemi COVID-19 ini akan membawa kita kepada pembelajaran yang berharga.

### Widasari Sri Gitarja

CEO WOCARE Indonesia  
Director of the Indonesian Enterostomal Therapy Nurse Education Program, Indonesian Representative for ASEAN Wound Council, Member of PPNI and Nursing Observer Indonesia

### Lelik Adiyanto

Indonesian Nursing and Health Observer, PPNI Member, Advisor and Advisor of Indonesian Wound Care Clinician Association / InWCCA, Lecture at WINNERS-Wocare Corporate

### Costa Rica

All the normal function of the hospital have been changed, we are working just with emergencies, oncology and cardiac treatment (this for ambulatory patients).

The OR is working just for emergency, Ostomy it's not working like always, still giving the education and we have contact with the patients that requires attention (but with a can't wait problem), Costa Rica have 29 ostomy centers in the public health system and sometimes our colleagues have to work in another section of the hospital and the ostomy have to stop.

About the supplies we have a schedule every month, we have a normal distribution, usually they collect the package in an office of the hospital, at this time we have nurses taking the temperature and asking some questions about symptoms preventing to enter the facility if they are suspicious to have COVID symptoms.

I work in a private practice but I'm in touch with the Costa Rica ostomy association to ask about the ostomy care, also I have an ostomy so I'm aware of the situation for the patients. I'm my

private practice I use the recommended protection, also I have phone calls, WhatsApp communication, video calls, Facebook videos trying to help the patients that can't get out the house, or they are afraid to go to the office. We have a lot places closed since March, and the health minister told us to stay at home, so we try to give the ostomy care with all the imagination that we can have! I'm cooperating with a ostomy, continence and wound course here in Costa Rica and we are using Zoom now to keep with the education!

**Andrés Campos** Vargas WCET ID

## UK

This information will vary geographically but, to summarise, this is what happened for us in regards to how COVID-19 has affected our work.

We had to cancel most of our outpatient appointments quite suddenly. We had limited guidance from our Trust about whether it was better to see the patients we really had to see face to face in hospital outpatients or in their homes, so we made a case by case decision on this ourselves. Whenever possible we've instead phoned and done telephone clinics.

We're being trained to use "Attend Anywhere" so we can do virtual clinics, but are unsure yet which patients we will use this with, but will start with our spinal patients who are wanting information about colostomy and we don't need to physically examine them. This has actually spurred us on to go ahead and see these spinal patients in this way, so this will be a good thing for patients. We get them coming to see us from the whole south of England, so it will be much better to do this virtually. We were already thinking about it but may have taken a lot longer to get round to implementing it.

We don't like doing telephone appointments presently, it's not the same, harder to build the connection with the patient especially if you don't already know them well. This means psychological support is now often missing I think. But maybe a good number of patients will find it more convenient than travelling to the hospital. We've had at least one patient who had a delay in sorting their skin out – they were out of our area, we tried listening to their description and posting out things to try, but eventually visited them at home even though not in our area, and were then quickly able to sort the issue out!

All 3 of us in the dept underwent 'upskilling' to prepare us for the wards if we were needed. This we all felt helpful, we feel equipped to help out on wards if necessary, although we haven't been called on yet! This will be beneficial in future years when there are flu winter pressures on the hospital – we have always felt uneasy and ill equipped if we had to help out, but now all feel our Trust has done well in giving extra bite size training sessions, and we will feel more confident if in future we ever need to help out.

There are small signs of operations starting to take place again soon for us. Scoping will be restarting in 3 weeks then hopefully more operations soon after that. All elective ops were

cancelled, including our cancers, so there will be a backlog once things get going. The worrying thing is our surgeons say there is a 25% mortality rate if patients catch COVID post-op.

## Michelle Boucher

Stoma Care Clinical Nurse Specialist  
Salisbury NHS Foundation Trust

## United States of America

After reaching out to the World Council of Enterostomal Therapist (WCET®) members in the United States of America (USA), many responded with a few recurring themes:

- Although it varies across our country, most elective surgeries have been cancelled, and only emergency surgeries are prominently being done. The impact in the northeast region of our country has been especially hard hit. With no elective surgeries there is a shortage of ostomy patients. One person from the West Coast reported an increase in ostomy surgeries possibly due to more operating room time availability as they were not seeing a large number of admissions with COVID-19.
- Given the overwhelming number of patients within the intensive care units, many wound, ostomy, and continence (WOC) nurses are being asked to do bedside nursing over their regular WOC positions.
- Patient consults do continue but now are not always done in person. Virtual visits such as video/phone conferencing and photography are being utilised more for communicating and educating post-operative ostomy patients. Baby monitors are also utilised to communicate in new ways including staff members in different units as well as COVID-19 patients and their families. Utilizing telehealth has been approved by the USA Medicare system and is now billable for the advanced practice nurses and physicians, which has been a good thing.
- Teaching through a face mask has been hard as patient cannot see your facial expressions as well as the mask muffles the voice. This also makes it challenging to read the patients face to see if they are comprehending; reading eyes has become a new skill for evaluating effectiveness of our teaching. Harder to do ostomy teaching. Also, harder to have family present to learn ostomy care or offer support to patient since visitors are severely limited. It is also different to see patients wearing masks during the outpatient referrals.
- Ostomy supplies are available to patients, but instead of the pre-COVID-19 delivery of about 5 business days, the deliveries are now occurring about 7–10 days.

## Rose W Murphree DNP, RN, CWOCN, CFCN

WCET International Delegate, USA

Assistant Clinical Professor

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## France

I'm sending you my feedback, which of course is only a reflection of my own experience.

Since 17 March 2020, on the day the French government implemented a total lockdown with the closure of all public places – cinemas, restaurants, schools, university, parks and gardens, etc. – our hospital began to reorganize and re-structure itself in order to deal with the future influx of COVID-19 patients. All visits from outsiders and casual visits to patients inside the buildings were banned. All non-urgent interventions and consultations, cancelled. The decrease of activity in the operating rooms and in the emergency reception services contributed to a decrease in stoma therapy activity.

I continued my activity in order to ensure a continuity of care for ostomate patients still hospitalised and to ensure the management of urgent situations. Paradoxically few urgent situations led to the creation of ostomies, we noted during this period a sharp decrease in urgent interventions, and lead to ask if there will there be a surge at the end of this period? We can fear this.

This situation has different repercussions within our activity and has forced us to rethink and reorganize our functioning:

### 1. Within our structure

- We had to deprogram the stoma therapist training that was in progress during this period so that each trainee could return to his or her care establishment; it will only be renewed next fall.
- The absence of activity allowed us to give more time to the patients, which was a real bonus for them as they no longer had visits from their entourage, we tried in our own way to compensate for the family absence and break their isolation.
- The education could not include resource persons so we could not share this burden with the family and friends, which was a source of additional stress for the patient.
- The organization of the discharge did not allow us to plan for post-operative consultation. We set up telephone



France – Caption reads "A pretty lily of the valley, for happiness throughout the year".



France – CHRU, Nîmes

follow-ups at D7, D15, D21 for the situations that required it and we worked even more closely with the city nurses.

For new patients leaving the hospital who had chosen to take their bags from the pharmacy, we contacted the pharmacists before discharge to ensure that the patients would have their chosen devices and the quantities they needed. Our telephone numbers and e-mail address were distributed to make it easier to contact them.

### 2. Within our follow-up and outpatient consultations

As it is impossible to receive patients (non-urgent) in consultations, we have replaced the physical consultation by telephone and email consultations. We were mainly solicited for problems with the supply of equipment:

- The pharmacy was unable to provide the necessary equipment, so we proposed a delivery by another supplier in order to keep the patient's usual equipment.
- When the patient no longer had a valid prescription and did not want to go to his doctor to get a new one, we wrote the new prescription.

It is still too early to know the consequences of this pandemic, but we have been able to note that there has not been a massive influx of demand as if this pandemic made other health problems disappear or patients did not want to move to medical facilities by fear of contamination and to avoid putting too much strain on us.

If the non-urgent consultations could not be carried out, the telephone reception services made it possible to keep the link and to continue the accompaniment. Patient associations have worked to disseminate useful information to their members to fight against confinement and have made contact with associates to break the isolation of the most fragile ones.

In France for 1 May, we have a tradition we offer lily of the valley which is good luck, that's why I have sent the image below.

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